ARIZONA	STATE	BOARD	OF	HEALTH
BUREAU OF VITAL STATISTICS				

STANDARD CERTIFICATE OF BIRTH 1. PLACE OF BIRTH County District or Township miani. (If birth occurred in a hospital or institution, give its NAME instead of street and number) [ If child is not yet named, make supplemental report, as directed. 2. Full name of child. 6. Legitimate? 4. Twin, triplet or other... 3. Sex of Child To be answered ONLY of birth........... Month in event of plural 5. No., in order of hirth. births. FATHER Full maiden name Full name (Usual place of abode) Mucun' ( 9. Residence (Usual place of abode) Minaum If non-resident, give place and state. If non-resident, give place and state, 16. Color or race 10. Color or race 17. Age at last birthday. Meliar 11. Age at last birthday 06 Mexican 18. Birthplace (city or place)-----12. Birthplace (city or place). (State or country) William Co Mex; co (State or country) miner 19. Occupation 13. Occupation Nature of Industry Nature of Industry

21. Were precautions taken against oph-thalmia neonatorum? (a) Born alive and now living 6 (c) Stillborn... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF m. on the date above stated. I hereby certify that I attended the birth of this child, who was (Born alive or stallborn.) Signature... (Physician of midwife). Registrar

7.1

Registered N

20. Number of children of this mother ...

(Taken as of time of birth of child herein certified and including this child.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Month, day, year

Registrar

Given name added from a supplemental report...